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DATE: APRIL 22, 2005

NUMBER OF PAGES (INCLUDING
THIS TRANSMITTAL COVER SHEET): 3

OUR REFERENCE: 624305

FROM: JOHN KILYK, JR.
REGISTRATION No. 30,763

DIRECT LINE: (312) 616-5665

TO: MAIL STOP
ATTN: Refund Section, Accounting Division Office of Finance
UNITED STATES PATENT AND TRADEMARK OFFICE
COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313

FACSIMILE NUMBER: (703) 872-9306

IN RE APPLN. OF: Erickson et al.
APPLICATION No.: 09/720,276
FILED: March 7, 2001
FOR: FITNESS ASSAY AND ASSOCIATED METHODS

ATTORNEY DOCKET: 207596

ATTACHED PLEASE FIND THE FOLLOWING DOCUMENTS:

- REQUEST FOR REFUND (1 PAGE IN DUPLICATE)

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NO. 9716 P. 2

PATENT
Attorney Docket No. 207596
DHHS Reference No. E-200-1998/0-US-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Erickson et al.

Application No. 09/720,276

Art Unit: 1648

Filed: March 7, 2001

Examiner: Emily Le

For: FITNESS ASSAY AND ASSOCIATED
METHODS

REQUEST FOR REFUND

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Attn: Refund Section, Accounting Division
Office of Finance

Sir:

Refund Request

- ☒ This request for refund is made within two years of the date a fee was charged to our deposit account on March 29, 2005 in the amount of \$130.00. A Request to Correct Inventorship was filed September 26, 2003 and our deposit account was charged October 3, 2003. Therefore, we believe the March 29, 2005 charge to be duplicative and in error.

Fees Paid

- ☒ Petition Fees 1.17(h) Petitions to the Director

AMOUNT OF
REFUND REQUESTED


\$130.00

TOTAL REFUND REQUESTED

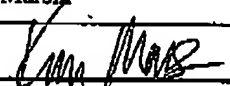
\$130.00

Please make the refund by ☒ crediting Deposit Account No. 12-1216 or ☐ forwarding a check in the amount of the refund to the address below.

Respectfully submitted,


Xavier Pillai, Reg. No. 39,799
LEYDIG, VOIT & MAYER, LTD.
Two Prudential Plaza, Suite 4900
180 North Stetson Avenue
Chicago, Illinois 60601-6780
(312) 616-5600 (telephone)
(312) 616-5700 (facsimile)

Date: April 22, 2005

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8			
I hereby certify that this Request for Refund and all accompanying documents are, on the date indicated below, <input checked="" type="checkbox"/> being facsimile transmitted to the U.S. Patent and Trademark Office, Attention: Examiner Refund Section, Accounting Division, Office of Finance, Facsimile Number 703-872-9306.			
Name (Print/Type)	Kim Marsja		
Signature		Date	April 22, 2005

REFUND (Rev. 3/29/03)

PATENT
Attorney Docket No. 207596
DHHS Reference No. E-200-1998/0-US-02

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Name (Print/Type)	Kim Marsin		
Signature		Date	April 22, 2005
REFUND (Rev. 3/29/05)			